

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044989

STATE FILE NUMBER

FILED DEC 29 1958

Registration District No. 231 Primary Registration District No. 4346 Registrar's No. 132

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Montgomery</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Montgomery</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Length of stay in 1b <u>15 yrs</u>	d. STREET ADDRESS <u>none</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Golda</u> Middle <u>Ellen</u> Last <u>Stumbaugh</u>			4. DATE OF DEATH Month <u>12</u> Day <u>-20</u> Year <u>1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-7-1912</u>		9. AGE (In years last birthday) <u>46</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Puxico Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
13a. FATHER'S NAME <u>Louis Ridenour</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Palmer</u>		14. NAME OF HUSBAND OR WIFE <u>Jacob Stumbaugh</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>498-01-6024</u>	17. INFORMANT Address <u>Jacob Stumbaugh Montgomery City Mo</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARCINOMA OF LIVER (SECONDARY)</u> DUE TO (b) <u>CARCINOMA OF RECTUM (PRIMARY)</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>154X.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 MONTHS</u> <u>1 YEAR</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>5-13-58</u> to <u>12-20-58</u> and last saw her alive on <u>Dec-20-1958</u> Death occurred at <u>8:58 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Wm Van Ausdall D.O.</u>		(Degree or title) <u>2</u>		22b. ADDRESS <u>Montgomery City Mo</u>	
22c. DATE SIGNED <u>12-22-58</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-23-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Montgomery City Cemetery</u>	
				23d. LOCATION (City, town or county) (State) <u>Montgomery City Mo</u>	
24. FUNERAL DIRECTOR <u>C. Stephens</u>		ADDRESS <u>MONTGOMERY CITY MO</u>		25. DATE RECD. BY LOCAL REG. <u>12-22-58</u>	
				26. REGISTRAR'S SIGNATURE <u>Laura S Callaway</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAY 25 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me ~~or~~ by XX on the 20th day of Dec, 1958, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed C. W. Hopkins
C. W. Hopkins
Licensed Embalmer No. I487
Montgomery City Mo
P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.